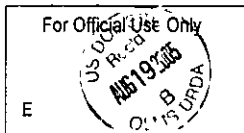


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



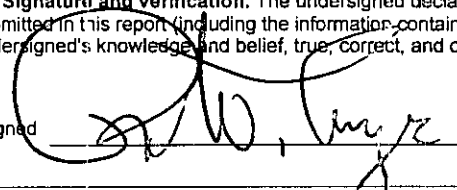
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 11099	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Robert V Thayer P.O. Box, Bldg., Room No., if any Street 9000 Machinists Place City Upper Marlboro State Maryland ZIP Code + 4 20772	4. Name, file number, and address of labor organization. Name Int'l Assoc. of Machinists & Aerospace Workers Labor Organization File Number 000-107 P.O. Box, Building and Room Number, if any Street 9000 Machinists Place City Upper Marlboro State Maryland ZIP Code + 4 20772
5. Position in labor organization. GVP	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed 	On <u>8-15-15</u> 301-967-4503 Date Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name IAM National Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1300 Connecticut Ave., NW, Ste 300

City Washington

State District of Columbia ZIP Code + 4 20036

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Dinner

12.b. Amount.

\$128

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing Robert Thayer	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Joseph Guerrieri ESQ.</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1625 Massachusetts Ave.</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20036</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Fruit Basket</p> <p>12.b. Amount. \$42</p>

Name of Person Filing Robert Thayer

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name State Street Global Advisors

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 33 Rd Floor

Street One Lincoln Street

City Boston

State Massachusetts

ZIP Code + 4 02111-2900

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Two (2) Tickets NE Patriots Game

12.b. Amount.

\$200

Name of Person Filing Robert Thayer	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Harbaugh Hotel Management Company</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1600 North Indian Canyon Drive</p> <p>City Palm Springs</p> <p>State California ZIP Code + 4 92262</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>				
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<table border="1"> <tr> <td data-bbox="820 724 1529 1066"> <p>11.a. Nature of such dealing.</p> <p>Company provides conferences, lodging, & meeting services to the Union</p> </td> </tr> <tr> <td data-bbox="820 1066 1529 1119"> <p>11.b. Approximate dollar value of such dealing.</p> </td> </tr> <tr> <td data-bbox="820 1119 1529 1465"> <p>12.a. Nature of interest held or income received.</p> <p>Fruit Basket & Christmas Basket</p> </td> </tr> <tr> <td data-bbox="820 1465 1529 1509"> <p>12.b. Amount. \$102</p> </td> </tr> </table>	<p>11.a. Nature of such dealing.</p> <p>Company provides conferences, lodging, & meeting services to the Union</p>	<p>11.b. Approximate dollar value of such dealing.</p>	<p>12.a. Nature of interest held or income received.</p> <p>Fruit Basket & Christmas Basket</p>	<p>12.b. Amount. \$102</p>
<p>11.a. Nature of such dealing.</p> <p>Company provides conferences, lodging, & meeting services to the Union</p>					
<p>11.b. Approximate dollar value of such dealing.</p>					
<p>12.a. Nature of interest held or income received.</p> <p>Fruit Basket & Christmas Basket</p>					
<p>12.b. Amount. \$102</p>					

Name of Person Filing Robert Thayer

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Kelly Press

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1701 Cabin Branch Drive

City Cheverly

State Maryland

ZIP Code + 4 20785

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Provides Printing Services

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Xmas Ham

12.b. Amount.

\$67

Name of Person Filing Robert Thayer

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Northern Capital

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 763 Jacqueline Lane

City Palm Harbor

State Florida ZIP Code + 4 34683

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name IAM National Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1300 Connecticut Avenue Suite 300

City Washington

State District of Columbia ZIP Code + 4 20036

11.a. Nature of such dealing.

Company provides investments and financial services to the fund

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Dinner

12.b. Amount.

\$206

Name of Person Filing Robert Thayer

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Voyageur Asset Management

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2300 M Street NW Suite 800

City Washington

State District of Columbia ZIP Code + 4 20037

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name IAM National Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1300 Connecticut Avenue

City Washington

State District of Columbia ZIP Code + 4 20036

11.a. Nature of such dealing.

Firm provides investment and management services to the Union

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Dinner

12.b. Amount.

\$400

Name of Person Filing Robert Thayer

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name O'Donoghue & O'Donoghue

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4748 Wisconsin Avenue, NW

City Washington

State District of Columbia ZIP Code + 4 20016

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employee's name.

Name IAM National Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1300 Connecticut Ave., Ste. 300

City Washington

State District of Columbia ZIP Code + 4 20036

11.a. Nature of such dealing.

Law Firm provides legal services to the Union.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Meals while attending IAM National Pension Fund Meetings (January March, April, June, July, October)

12.b. Amount.

\$634

Name of Person Filing Robert Thayer	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name IAM National Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1300 Connecticut Avenue, NW, Ste. 300</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20036</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Jointly Trused Fund - Provides retirement and pension benefits to IAM represented employees.</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>IAM National Pension Fund Meetings (January, March, April, June, & October)</p> <p>Reimbursement of Expenses and Meals while in attendance.</p> <p>12.b. Amount. \$7,308</p>

Name of Person Filing Robert Thayer

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name IAM National Benefit Trust Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1300 Connecticut Avenue, NW, Ste 300

City Washington

State District of Columbia ZIP Code + 4 20036

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employee's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Jointly Trusted Fund - Provides health and welfare benefits to IAM represented employees.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

IAM Benefit Trust Fund Meetings (April & October)
Reimbursement of Expenses
Meals while in attendance

12.b. Amount.

\$1,150

Name of Person Filing Robert Thayer	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Segal Company</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1920 N Street, NW, Ste 500</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20036</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name IAM National Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1300 Connecticut Avenue, NW, Ste 300</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20036</p>	<p>11.a. Nature of such dealing.</p> <p>Provides services to the Pension Fund</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Dinner</p> <p>12.b. Amount. \$164</p>